DATE: October 1, 2003

TO: Private Providers Enrolled in the VFC Program

FROM: Mimi Luther, VFC Program Manager

Lorraine Duncan, Immunization Program Manager

RE: VFC Provider Survey – 2003

Attached you will find our VFC Provider Survey for 2003. As part of our accountability to the Center for Disease Control (CDC) and to the taxpayers throughout the United States, the VFC program is required to provide you the opportunity to critique our services.

Please answer the questions provided, and we invite you to contact our program with any additional concerns, questions or suggestions you may have at any time. We pride ourselves on knowing providers have easy access to our VFC program representatives and management whenever needed.

The deadline to return the survey is anytime before Thanksgiving (November 27, 2003).

The person(s) to fill out this survey is whoever works with or supervises staff that work directly with immunizations on a daily basis.

Once we receive the completed survey, our staff will enter the data, analyze all of the information, and report the findings to you via the "*Immunization Bulletin*" or a special mailing in 2004.

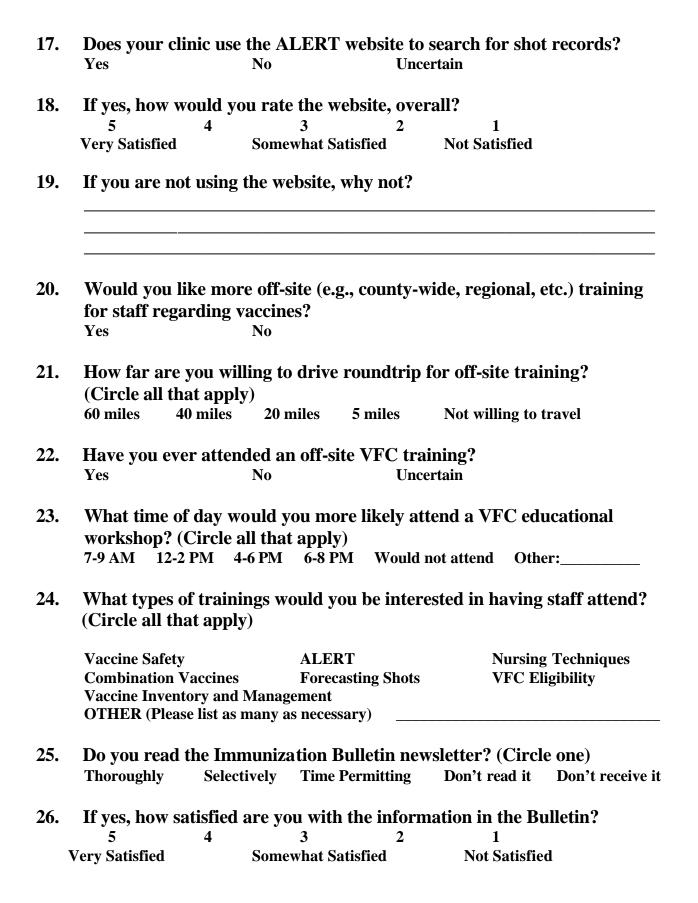
Thank you in advance for your timely response to our request. We appreciate any comments you provide.

Private Provider Name	VFC Pin Number
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OREGON Immunization Program Vaccines for Children Provider Survey, 2003

past twelve Yes			,	${\mathbb C}$ Health Educator in the
_		(If no. skip to		#6.)
		No	Uncer	
If yes, was	the visit h	elpful?		
5	4	3	2	1
Very helpful		Helpful		Not helpful
Did you ma	ake any ch	nanges in your	immuniz	ation practices based on
•	-	C Health Educ		•
5	4	3	2	1
Many		Few		None
If yes, what	t changes	were made? Pl	ease list 1	them.
		were made? Pl		

I would like 4 every 6 mths	3	year once every 2 y	cator visit my clinic: 1 ears Other
Do you kno Yes	ow VFC ha No	s a vaccine return j Uncertain	policy?
How easy is	_	ordering procedure	_
5 Very Easy	4	3 2 Easy	1 Difficult
Please list t	hem.		o state registry. AI FPT2
Please list t	hem.		e state registry, ALERT?
Please list the second	elinic repors) Your Soloes your 0-18 Your Orly	et information to the Yes (electronically) r clinic report to Al	e state registry, ALERT? No LERT? (Circle all that apply



			ultiple sta	off at your site?
Yes		No		
Overall, ho	•		nmunizati	ion Program in Oreg
5	4	3	2	1
S	7			
Excellent	-	Good as / Concerns	'Suggestic	Poor Ons:
Excellent	-		' Suggestic	
Excellent	-		'Suggestic	
Excellent	-		'Suggestio	
Excellent	-		'Suggestio	
Excellent	-		'Suggestio	
Excellent	-		'Suggestio	

Please offer us your comments and suggestions – use additional paper if necessary. Please feel free to send comments, questions or specific concerns separately to the VFC Program Manager, Mimi Luther, at Lydia.m.luther@state.or.us, or by mail to: Mimi Luther, Oregon Immunization Program, 800 NE Oregon Street, Suite 370, Portland, OR 97232.